S. No. 2
OM—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. A7372

FILED JUN 9 1943

Registration District No. 2142 Primary Registration District No. 1008 Registrar's No. 571

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether In this community years, months or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2707 Faraon St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Benjamin Cable
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lottie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 15 (Day) 1870 (Year)
8. AGE: Years 73 Months 1 Days 9 If less than one day hr. min.
9. Birthplace (City, town, or county) Russia (State or foreign country)
10. Usual occupation Retired Merchant (7years)
11. Industry or business
FATHER 12. Name Samuel Cable
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER 14. Maiden name Bertha Putter
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Milton Cable
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Shaare Sholem Cemetery
18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhaun St.
19. (a) 5-6-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1943 hour 9 minute 35 P M.
21. I hereby certify that I attended the deceased from May, 1941, to May 4, 1943, that I last saw ... alive on May 4, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the stomach — Duration about 2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 460

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature John E. Cohn (M. D. or other)
Address St Joseph Mo Date signed 5-6-43

1233 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

..... ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Robert K Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.